

STATE OF MAINE

BOARD OF DENTAL PRACTICE

APPLICATION FOR REGISTRATION

- Dentist Externship



Maine Board of Dental Practice
143 State House Station
Augusta, ME 04333-0143

Office Telephone: (207) 287-3333
Office Facsimile: (207) 287-8140
TTY USERS CALL MAINE RELAY 711
Website: www.maine.gov/dental

Office located at: 161 Capitol Street, Augusta, Maine

APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Dental Practice is enclosed. It contains all the relevant information and materials you need to complete your application for registration to begin your dentist externship in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT

- Application Information Guide
- Application for Registration

ADDITIONAL RESOURCES

- Board of Dental Practice Statute, Title 32, Chapter 143

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://legislature.maine.gov/legis/statutes/32/title32ch143sec0.html> or call (207) 287-3333.

- Board of Dental Practice Rules

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure. Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#313> or call (207) 287-3333

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

- **State of Maine Background Check:** The Board requires that you provide a criminal background check from the State of Maine if you currently reside or have resided in Maine during the past 10 years immediately preceding your application. You can either submit a \$21.00 fee to the Board to request the report, or you can contact the Maine State Police and request a report for a \$31.00 fee and submit the report to the Board. FMI: <https://www5.informe.org/online/pcr/>
- **Out of State Background Checks:** The Board requires that you provide a criminal background check from each state in which you reside or have resided during the past 10 years immediately preceding your application. You can either contact each state individually by visiting the following link <https://www5.informe.org/online/pcr/faq.htm> or request a statewide Federal Bureau of Investigation report; see website at: <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks>. If you reside/resided in the State of California then please request forms directly from Board staff.
- Please submit your application materials to the Board by mail or hand delivery to our office. **Faxed submissions will not be accepted.** Your application will be reviewed and processed in the order that it was received. Application reviews generally take at least two weeks, barring any action required by the full Board, or any high volume renewal of licensure periods.

Dentist Externship Registration

Pursuant to 32 M.R.S. §18348 §§ 1, a dentist may register a student for the purpose of providing clinical supervision outside of an academic setting for students enrolled in a dental program. The registration may be granted for one year, but the duration of the registration will depend upon the externship dates identified in the application.

APPLICATION INFORMATION: Applicants for registration must submit the documentation and fee(s) as outlined in the checklist below.

- ☐ Completed and signed application (pgs. 1-6)
- ☐ Payment of a Maine Criminal History Check fee of \$21.00. (if applicable)
- ☐ Payment of a Registration Fee of \$40.00
- ☐ Out of State Criminal Background check report(s) (if applicable)
- ☐ Dental School Certification of Student Readiness form
- ☐ Curriculum Vitae of the supervising Dentist
- ☐ Supervision of Dentist Student Externship Form

OTHER IMPORTANT INFORMATION:

➤ Incomplete Application

Pursuant to M.R.S. Chapter 143 §18341 (3), An applicant has 90 days after being notified of the materials needed to complete the application to submit those materials to the board. You will be notified by mail if there are deficiencies with your application. You may also check the Board's website at www.maine.gov/dental. It is the responsibility of the applicant to see that all documentation is completed and returned to the Board for consideration. Failure to complete the application within that 90-day period may result in a denial of the application.

➤ Terms of Registration

The externship registration will be issued for a period of one year from the date of issuance and is renewable one time only. If there are subsequent externship experiences anticipated within that one year period, then a new Supervision Form and Curriculum Vitae must be filed and approved by the Board **prior to beginning a new externship supervised experience.**

If there are multiple supervising dentists or multiple site locations for each student externship period, then each supervising dentist must complete a Supervision Form and submit Curriculum Vitae as part of the application materials. There should be one supervising dentist designated for the purposes of completing page 2 of the application form. Any changes to the dates, locations, or supervision of an existing externship registration fall under the 10 day reporting obligations.

➤ 10 Day Reporting

Please be advised, pursuant to 32 MRS §18352, licensees and applicants are to report to the Office, in writing, any change of name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held, or any material change set forth in this application within ten (10) days:

Further, any changes regarding the supervision must be reported to the Board within ten (10) days.

STATE OF MAINE – BOARD OF DENTAL PRACTICE

Mailing Address: 143 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 161 Capitol Street, Augusta, Maine 04333
Phone: (207) 287-3333 Fax: (207) 287-8140 TTY users call Maine Relay 711 Web: www.maine.gov/dental

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 143 State House Station, Augusta, Maine 04333- 0143.
- **Where are you located?** 161 Capitol Street, Augusta, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Augusta to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Augusta to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: www.maine.gov/dental
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Maine Board of Dental Practice requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.

| Undergraduate Education | | |
|--------------------------|--------|-----------------|
| Name of School Attended: | | |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Degree Granted: | | Date Conferred: |

| Dental Education Program – Current Enrollment Information | | |
|---|--------|------------------------------|
| Name of Dental School: | | |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Degree to be Conferred: | | Date Degree to be Conferred: |

| Supervisor Data | | |
|---|--------|------------------------------|
| Name of Supervisor: | | Supervisor's License Number: |
| Name of Practice: | | |
| Physical and Mailing Address of Practice Setting: | | |
| City: | State: | Zip Code: |
| Contact Telephone Number: | | |
| | | |

Licensure / Disciplinary Questions – To be completed by the Applicant

Please circle each answer. If any of the following questions are answered yes, please provide details on a separate sheet and attach to application.

1. Have you ever been denied licensure in any state, Canadian province or other country?

YES NO

2. Have you ever possessed a license to practice that was suspended, revoked or subjected to other disciplinary action?

YES NO

3. Have your practice privileges ever been restricted?

YES NO

4. Have you ever left a dental licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?

YES NO

5. Have you ever been denied registration or had your ability to administer, prescribe, dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by:

a. U.S. Drug Enforcement Administration (DEA)? YES NO

b. Any state, territory of the U.S., including Maine? YES NO

6. Have you ever received a sanction from the Center for Medicare and Medicaid Services or any state Medicaid program?

YES NO

7. Have you ever rendered services illegally?

YES NO

8. Are you now, or have you ever been, addicted to the use of alcohol, narcotic or other drugs?

YES NO

Licensure / Disciplinary Questions – To be completed by the Applicant

Please circle each answer. If any of the following questions are answered yes, please provide details on a separate sheet and attach to application.

9. Are you now, or have you ever been hospitalized or undergone treatment for alcohol or drug dependency?
YES NO
10. Have you ever been hospitalized for the treatment of mental illness?
YES NO
11. Have you ever been diagnosed with or treated for a medical, mental health, or addictive condition which in any way currently limits or impairs your ability to practice dentistry or to function as a dentist?
YES NO
12. Have you ever been diagnosed with or treated for any medical mental health, or addictive disorder that impaired your behavior, judgment, understanding, or ability to function in school, work or other important life activities?
YES NO
13. Have you had a disabling physical or mental illness(es) that resulted in any hospitalization or that prevented you from working or carrying out your usual daily responsibilities for more than 30 days?
YES NO
14. Have you raised the issue of consumption of drugs or alcohol or the issue of a medical, mental health or addictive disorder as a defense or in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination action (educational, employer, government agency, professional organization, or licensing authority)?
YES NO
15. Are you currently engaged in the use of illegal use of drugs or misuse of any drugs?
YES NO
16. Have you ever had a claim or suit alleging malpractice liability in which you are/were named as a defendant, including nuisance suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company/representatives without your express consent?
YES NO

Applicant's Affirmation

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Board of Dental Practice will rely upon this information to authorize my externship practice and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of this registration if this information is found to be false.

APPLICANT SIGNATURE: _____ DATE: _____



STATE OF MAINE
Board of Dental Practice

143 STATE HOUSE STATION
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Supervision of Dentist Student Externship Form

| Student Data | | |
|-----------------------------------|--------|------------------------------|
| Name of Student: | | |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Name of Student's Dental Program: | | Date Degree to be Conferred: |

| Supervisor Data | | |
|---------------------|--------|----------------|
| Name of Supervisor: | | License Number |
| Mailing Address: | | |
| City: | State: | Zip Code: |

| Supervisor's Statement |
|--|
| <p>1) Location(s) of the externship: _____</p> <p>2) Duration(s) of the externship at each location: _____</p> <p>3) Expected procedures will be completed under my direct supervision:</p> <ul style="list-style-type: none"><input type="checkbox"/> Health education<input type="checkbox"/> Oral Exams<input type="checkbox"/> Preventative (prophylaxis, sealants, fluoride treatment)<input type="checkbox"/> Basic restorative<input type="checkbox"/> More comprehensive clinical services (anterior and posterior crowns, bridges)<input type="checkbox"/> Emergency care<input type="checkbox"/> Oral surgery (simple and complex extractions)<input type="checkbox"/> Periodontal care (scale and root planing, surgery)<input type="checkbox"/> Removable prosthodontics (full and partial dentures)<input type="checkbox"/> Other: _____ |

By signing, I understand that the Maine Board of Dental Practice will rely upon this information for issuance of a registration under my license and I also understand that I am responsible for the services provided by the dental extern registered under my license. I also agree to not commence supervision of the practice of this applicant until the registration is approved and issued by the Board.

SUPERVISOR'S SIGNATURE: _____ DATE: _____



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DENTAL SCHOOL CERTIFICATION OF STUDENT READINESS FORM

I am applying to practice under the supervision of a dentist as a dentist extern. The Maine Board of Dental Practice requires verification from my dental school as it relates to academic affiliation, good academic standing (to include academic and clinical experience), and readiness to participate in an externship. This is your authority to release any information in your files directly to the Board at the address below.

THIS SECTION TO BE COMPLETED BY THE APPLICANT.

Applicant's name: _____

Applicant's address: _____

Date enrolled with school's dental program: _____

THIS SECTION MUST BE COMPLETED BY THE DEAN, SECRETARY OR REGISTRAR OF THE SCHOOL.

Name of dental school _____

Address of school _____

Dates of attendance: from _____ to _____

Anticipated Degree Type and Date Conferred: _____

Is the student academically affiliated and in good standing with your dental program? _____

Is the student ready to participate in an externship? If yes, please describe the academic and clinical experience of the student demonstrating such readiness. _____

I HEREBY CERTIFY TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS FORM.

Printed name & title of school official: _____

Official's signature _____ dated: _____

**PLEASE PLACE SCHOOL
SEAL HERE**

Mail to:
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